

**CNP Web/Common Logon Security Agreement**  
**Update / Delete**

District/Sponsor Name \_\_\_\_\_ CTD # \_\_\_\_\_

☐ **DELETE**

**To be completed by an approved signer on the Certification Page of the ADE Food Program Service Agreement Contract.**

I, \_\_\_\_\_ certify, that the individuals named below are no longer employed  
(Approved signers name)  
or no longer require access to the CNP Web.

\_\_\_\_\_, \_\_\_\_\_,

\_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Authorized Representative Signature

\_\_\_\_\_  
Date

☐ **UPDATE** *(The additional applications listed below do not apply to CACFP/FDCH sponsors.)*

This individual has read and understands the ADE Acceptable Use Policy. Any individual found not complying with this agreement and the acceptable use policy may have their account disabled by the Arizona Department of Education.

I, \_\_\_\_\_ certify, that \_\_\_\_\_ user  
(Approved signers name) (Individual's name to be updated)  
name \_\_\_\_\_ requires access to the specialized CNP Web applications checked below.  
(Individual's user name)

**I understand that it is my responsibility to request ADE to disable this user account, should this employee resign or be terminated from employment with the above named organization.**

**Please Check boxes of the appropriate CNP Web Applications:**

☐ CNP Annual Financial Reports ☐ CNP Verification ☐ \*CNP Direct Certification (Adhoc, Upload, & State Match)

**\*Access for CNP Direct Certification is limited. Please provide justification for your request:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Authorized Representative Signature

\_\_\_\_\_  
Date

***Please fax the completed form to: Tina Rangel at (602) 542-1531***

**\*\* If you have any questions, please contact Health & Nutrition Services at (602) 542-8700 \*\***

**For Use by ADE Representative Only**

Approved By: \_\_\_\_\_  
ADE Child Nutrition Programs Representative

Date: \_\_\_\_\_